



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01088693

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**


FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000088840	0		TPCN-12.9	ALTERNATIVES TO ABDORATION-TX	\$762,500.00			
<u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u>				<u>PREGNANCY CARE NETWORK (Fulfil lne</u>					
2010									
<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>				
529-10-0013-00001		N							
				<u>Invoice DT:</u> 04/20/16 <u>Req'd Pay DT:</u>					
				<u>Inv Rec'd DT:</u> 04/20/16 <u>Pay Due DT:</u> 05/31/16					
				<u>Service DT:</u> 05/01/16 <u>P O DT:</u> 11/12/15					
	<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
Open Item Key:							Conf:N		Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: MAY 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By		Approver Phone(Area+Number)	Date Approved	04/26/2016
Approved By		Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)		

1088693

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	4/21/16
Invoice Number:	TPCN 12.9
Dept. ID/Speedchart:	716
Object Code:	725300
Contract Number:	529-10-0013-00001F
Contract Name:	Texas Pregnancy Care Network
TIN:	1760802397
Mail Code:	
Purchase Order Number:	52900-6-0000088840
Month of Service:	May 2016
Amount:	\$ 762,500.00
Month of Service:	
Amount:	
Month of Service:	
Amount:	

Invoice Received Date:	4/20/16
Payment Due On or Before:	*June 1, 2016

Total Amount:	\$762,500.00
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CONTACT:	DATE:
Preparer's Name:	Andrea Costley
Preparer's Phone:	512-206-5624
	4/21/2016
	4/21/2016

FINANCIAL MANAGER:	DATE:
Beth Zahn	4/21/2016
512-206-5111	
SIGN OFF:	DATE:
Agency Contact/Preparer's Signature:	4/21/2016

APR 25 2016

HANH NGO
512-487-3389



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758
Routing No. 114925615
Account:
Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.9

Invoice Date: April 20, 2016

Due Date: May 31, 2016

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2016 (attached).

Payment 12.9: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: May 31, 2016

\$762,500.00

Amount Due

\$762,500.00

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

(b) Payment Schedule

Payment No.	Description	Due Date	Amount
12.7	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	March 31, 2016	\$762,500.00
12.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2016	\$762,500.00
12.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2016	\$762,500.00

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All BEST WAY	Ship Via BEST WAY	Purchase Order 52900-6-0000088840
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 11/12/2015
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3 - 03/11/2016
			Page 1
			Ship To: CAS, Family Violence & Refugee HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12568 Austin TX 78751 United States

Vendor: 1760802397
TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS TX 78730-5115

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States
Phone: 512-424-6518
Fax: 512-424-8901
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch Inventory Item ID - Line Description			Class-Item	Purchaser: Kessler, Autumn (PCS)	Quantity UOM	PD Price	512.406.2583	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016			962-59	1.00 LOT	3,050,000.00000		3,050,000.00	11/12/2015
					Schedule Total			<u>3,050,000.00</u>	
Contract ID: 529-10-0013-00001				Contract Line: 0	Release: 8				
					Item Total for Line 1		1	<u>3,050,000.00</u>	
2- 1	Fulfill the terms of contract number 529-10-0013-00001F from dates 09/01/2015 through 05/31/2016			952-01	1.00 LOT	2,287,500.00000		2,287,500.00	03/16/2016
					Schedule Total			<u>2,287,500.00</u>	
Contract ID: 529-10-0013-00001				Contract Line: 0	Release: 9				
					Item Total for Line 2		2	<u>2,287,500.00</u>	
					Total PO Amount			<u>5,337,500.00</u>	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

11/12/2015 10:00 AM